Auth ID: Contact ID: Expiration Date: FS-2700-3c (v.10/09) OMB No. 0596-0082

USDA, Forest Service	FOREST SERVICE USE TYPE 149		
SPECIAL-USE APPLICATION & PERMIT FOR	DATE RECEIVED	ISSUE DATE	EXPIRATION DATE
RECREATION EVENTS			
(Ref.: 36 CFR 251)	DEC / FOD / DIOT	ALITH ID	OTATE / OOUNTY
Authority: Fodoral Lands Pograption Enhancement	REG. / FOR. / DIST.	AUTH. ID.	STATE / COUNTY
Authority: Federal Lands Recreation Enhancement Act, 16 U.S.C. 6802(h)			
	PPLICATION		
1. APPLICANT INFORMATION:	FLICATION		
I. AFFLICANT INFORMATION.			
Name of Group:	Applicant's Agen	t:	
•	11 0		
Name of Contact:	Agent's Address:		
Address:			
	Agent'sPhone:		
Phone:			
Fax:	C mail Addraga		
Corporate Tax ID or SSN:	E-mail Address:	COMPLETE ITEMS	O TUDOUCU 7
IF AN OPERATING PLAN IS REQUIRED, SIGN APPLICATION AND STO 2. DESCRIPTION OF PROPOSED ACTIVITY:	P HERE. OTHERWISE,	COMPLETE ITEMS	2 INKOUGH 7.
2. DECOMM HOW OF THOS COLD ACTIVITY.			
3. LOCATION & DESCRIPTION OF NATIONAL FOREST SYSTE	M I ANDS & EACH IT	IEC ADDI ICANT I	WOULD LIKE TO LISE
	W LANDS & FACILIT	IES APPLICANT	WOOLD LIKE TO USE
(INCLUDE MAP):			
4. ESTIMATED NUMBER OF PARTICIPANTS & SPECTATORS I	FOR PROPOSED AC	TIVITV	
4. ESTIMATES ROMBERTOF PARTION ARTO COLESTATORIO	OILL HOLOGED AG		
Participants: Spectators	S:		
5. STARTING & ENDING DATE & TIME OF PROPOSED ACTIVIT			
Start:	End:		
Date Time	Date	Tim	е
6. ESTIMATED REVENUE COLLECTED FOR EVENT:			
Amount: Type of Fees:			
(Include event charges, ver	ndor fees, discounts, s	ponsorship related	d fees, gratuities)
7. NAME OF PERSON(S) WHO WILL SIGN A SPECIAL-USE AU	THORIZATION ON B	EHALF OF THE E	VENT:
I hereby acknowledge that is an application only, and that the use and			
	occupancy of National	Forest System land	
authorization is signed and issued by an authorized officer.	occupancy of National	Forest System land	
authorization is signed and issued by an authorized officer.		•	ds is not authorized until an
		•	ds is not authorized until an
authorization is signed and issued by an authorized officer.  Printed Name: Signal	ature:		ds is not authorized until an Date:
authorization is signed and issued by an authorized officer.  Printed Name: Signa  Signa	ature:		ds is not authorized until an  Date:  Date:
authorization is signed and issued by an authorized officer.  Printed Name: Signal	ature: ature: make to any department	or agency of the Uni	Date: Date: ted States any false, fictitious,